Chapter 15 - Psychology Disorders textbook notes

Introduction to Psychology I (Wilfrid Laurier University)

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Diane Markos
- major depressive disorder
- avoided people and social relationship throughout her life because of fear of being judged; avoidant personality disorder
- family pressures she experienced during her early years caused an imbalance in power between her id,ego and superego

Disorders seen in art
- The scream painting shows symptoms of anxiety and panic
- Portrait of doctor shows depression

Abnormal psychology : field devoted to scientific study of psychological disorders

Mental illness two categories
Neurosis - disorder causing personal distress and some impairment in functioning
- not causing one to lose contact with reality or violate social norms

Psychosis - sever psychological disorder sometimes requiring hospitalization
- loose contct with reality, suffer delusions or hallucinations

- 20% of adults in Canada experience serious psychological disturbances

General paresis
- affected males between 20-40
- symptoms: memory loss, decreases in motivation and language , delusions and hallucinations, seizure and death.
- symptoms progressed over months and death was unavoidable
- due to sexual transmitted infection

Moral treatment
- humane treatment of mentally ill

Medical model approach : understanding and treating illness
- large influence on thinking and practices in treatment
- encourages search for pattern in symptoms

Syndrome - collection of symptoms

Benjamin Rush - inventor of the tranquillizing chair which he believes calmed mental patients by reducing blood flow to the head

Defining psychological abnormality
The four D's of abnormal behaviour

- Deviance behaviour - thoughts/emotions considered abnormal when they differ from a societies ideas about proper functioning

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- Distress - behaviour/ideas/emotions must also cause distress and unhappiness
    Diane Markos upset and burned by her negative feelings and the impact they have
- Dysfunction - interferes with daily functioning
- Danger - considered hostile and confused
    Diane Markos thinking about overdosing

Eccentric : deviates from common behaviour patterns or displays odd behaviour
    - "Eccentrics know they're different and glory it"

Symptom : psychical, behavioural or mental feature that helps indicate a condition/illness/disorder

Classification systems : list of disorders with description of symptoms for determining where individuals should be assigned to
    - **international classification of diseases (ICD)**
    - **Diagnostic and statistical manual of mental disorders**
        - **DSM-5**
        - leading system in north america
        - lists and describes symptoms of 22 major categories of mental disorders
        - complaints : lack of acknowledgement for many individual level and societal level mechanisms known to underline mental disorders such as abuse and poverty

<u>Disorders in DSM-5</u>

Neurodevelopment disorders : disorders with their onset in the developmental period before the child enters grade school. Impairment in personal, social or academic functioning
    - specific learning disorder
    - language disorder
    - intellectual disability

Neurocognitive disorders : primary clinical deficit is cognitive functioning. You randomly get the deficit and show a decrease from how you used to be (EX; alzheimers)
    - disorder due to brain injury
    - delirium

Substance related and addictive disorders : involve the activation of reward pathway and reward system due to substance abuse (EX; gabling disorder)
    - alcohol use disorder
    - caffeine intoxication

Schizophrenia spectrum : defined by abnormalities in the form of delusions, disorders thoughts or behaviour
    - delusional disorder

Depressive disorder : presence of sad, empty mood that goes along with psychical or cognitive

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changes
- major depressive disorder

Bipolar and related disorder : bouts of intense positive affect that are followed by prolonged periods of sadness and other symptoms of depression;
- bipolar I disorder

Anxiety disorders : disorders that share features of excessive fear or anxiety
- social anxiety disorder

Obsessive compulsive and related disorder : disorders characterized by repetitive thoughts or behaviour
- hoarding
- OCD

Trauma and stressor related disorders : disorders that reflect exposure to a distressing event
- PTSD

Somatic symptoms disorders : disruption in typical integration of consciousness, perception, memory or body representation
- dissociative identity disorder

Feeding and eating disorder : disturbance in eating that or related behaviour that impart physical health or psychosocial functioning
- anorexia
- binge eating

Sexual dysfunctions : disorders with great heterogeneity that involve clinically significant dirsurbnceh in ability to respond to sexual experience or pleasure
- erectile disorder

Gender dysphoria : distress due to discrepancy between ones expressed gender vs initial assigned gender

Paraphilli disorder : reflect intense and persistence sexual interest rather than situation found in normal physical nature

Sleep wake disorders : dissatisfaction in quality/timing and amount of sleep
- insomnia
- narcolepsy

Disruptive, impulse control and conduct disorders : under controlled behaviours the violate the rights of others and bring the person into serious conflict with societal norms or authority figures
- conduct disorder

Personality disorder : pervasive behavioural patterns that deviate markedly with societal expectations. involve lack of insight about how actions cause harm to others

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Diagnosis : clinician's determination that a person's cluster of symptoms represents a particular disorder

Comorbidity : co-occurrence of two or more diagnosis in 1 person

mechanistic paradigm : build on the idea that people are like complex mechanizes and when something goes wrong, its probably because something in the mechanism is broken

models of abnormality

Neuroscience Model approach - structural or biochemical malfunctions in the brain
- view abnormal behaviour as illness due to malfunctioning brain
- depression related to insufficient activity of neurotransmitter serotonin
- two factors of brain anatomy and chemical functioning - genetic and viral infections
- no one gene is responsible for one disorder
- slices of brain by murderer revealed clear links between abnormal brain stature and extreme antisocial patterns shown by serial killers
- viral infections - schizophrenia may be related to exposure of viruses before birth and during childhood. damaging virus enter the brain at young age and remain until they reach puberty, then activated by hormonal changes the virus may set in motion the symptoms of schizophrenia
- **Reductionist perspectives** : reduce complex phenomena to a single concept
    - view biomedical models neglect the complex interplay of biological and non biological factors including a persons environmental experiences
    - biomedical models neglect complex interplay of biological/nonbiological factors including a persons environmental experiences
- **Biopsychosocial perspective** : recognizes the links between each of these important areas of human development
    - George Engel
    - biological component focus on genetic factors as well as biochemical influences and differences in brain structure and function
    - psychological component includes interpersonal interactions, personality variables
    - social component considers socialization expires, cultural and social interactions and life experiences

Diathesis-stress model : disorders arise from interaction of internal and external cause
- person may inherit a genetic predisposition (tendency to suffer particular medical condition) but it will remain undeveloped unless triggered by external (stressful) life event

Cognitive behavioural model : psychological disorders result largely from a combination of problematic learned behaviours and dysfunctional cognitive processes
- behaviours and thinking processes interact with and manually influence one another; people use their particular ways of thinking to explain their behaviours and the events in their lives, behaviours may lead to particular thoughts, various cognitions may trigger certain behaviours
- view emotions and biological events as key variables; seek to understand how they influence with behaviour and cognition to cause abnormal functioning
- cog behaviour therapists focus largely on behaviours and cognitions in their efforts to help peo-

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ple with psychological disorders by helping them change their thoughts and behaviours
- argue that humans engage in unseen cognitive behaviours such as private thoughts beliefs and that peoples cognition greatly influence and are influences by their behaviour

Behavioural perspective
- used learning principles to explain human functioning, these principles focus on how the environment changes a persons behaviour.
- behaviours we learn through operant conditioning processes of reward and punishment are abnormal ones
    - may learn to abuse alcohol and drugs because initially such behaviours made you calm
- can be tested
- experimenters used the principles of conditioning to produce clinical symptoms in participants suggesting that psychological disorders may in fact develop through learning

Virtual desensitization : enables phobic clients to more vividly experience their feared objects and situations (flying)

cognitive perspective read this again add things may have missed something
- abnormal functioning can result from several problems including maladaptive beliefs and illogical thinking processes
- **Albert Ellis** : each of us hold brand beliefs about ourselves and our world that help to guide us through life and determine our reactions to the situations we encounter
- **Arron Beck** : some people continuously think in illogical ways to keep drawing self defeating conclusions.
  Identified illogical thinking processes
    - selective perception : seeing only the negative features of an event
    - magnification: exaggerating the importance of undesirable events
    - overgeneralization : drawing broad negative conclusions on the basis of a single insignificant event

Psychodynamic model approach - unconscious conflicts rooted in childhood
- Sigmund Freud
- believe that a persons behaviour is determined largely by underlying psychological forces of which the person is not consciously aware. Abnormal behaviours are viewed as the consequence of conflicts between these forces or as uncurious attempts to resolve conflicts and lessons painful inner turmoil
- **object relations theorists** : believe people are motivated by a need to establish relationships with others
- when an individual is neat and very orderly extreme is fixation at the anal stage of development may be operating
- **fixated** : being trapped at an early stage of development due to traumatic childhood experiences

Socio-Cultural approaches- societal, cultural, social and family pressures or conflicts
- unique characteristics of a given society may create special stresses that heighten the likelihood

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of abnormal functioning in its members.
- relationship between abnormal functioning and factors such as widespread social change, socioeconomic class, cultural background and family systems

social change
- when a society undergoes major change, the mental health of its members can be greatly affected.
- societies undergoing rapid urbanization show a rise in mental disorders - overcrowding, technological change

socioeconomic class
- rates of psychological abnormality are much higher among members of lower socioeconomic classes than among members of the higher ones. The pressure of lower class life help explain this relationship, poverty is linked to many stressors including high rates of crime as well as inferior medical care and limited educational opportunities

Cultural factors
- abnormal behaviour can be understood best by examining an individuals unique cultural context including the values of the culture and external pressures faced by members of the culture
- women are twice more likely to be diagnosed with depressive and anxiety disorders
- suicide - aboriginal population are more than twice likely
- chandler & lalonde examined the youth suicide rates among first nations, and learned that having a strong culturally rich context in which to develop has a significant positive effect on individual mental health and identity development
- spirituality can be a source of comfort, hope which may account for the spirituality affect of the link between religious faith and mental health. less suicide attempt don't feel lonely

family systems theory : each family has its own implicit rules, relationship structure, and communication patterns that shape the behaviour of the individual members.
- believe that structure and communication patterns of families force individuals to react in ways that seem abnormal.
    - Markos was required to be a third parent which deprived her from normal childhood experiences.

Developmental psychopathology model approach : early risk factors combined with poor resilience through life stages

developmental psychopathology : the study of how problem behaviours evolve as a function of a person's genes and early experiences, and how these early issues affect the person at later life stages
    - interested in how psychological disorders evolve based on genetics and early childhood experiences
    - try to understand how early problematic patterns affect individual functioning through later stages in life

risk factors : biological and environmental factors that contribute to problem outcomes.

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Equifinality : the idea that different children can start from different points and wind up at the same outcome
Multifinality : the idea that children can start from the same point and wind up at any number of different outcomes

Conduct disorder : childhood and adolescent disorder characterized by repeated violations of others rights, displays of anger, and disruptive behaviour
- child may have been born with difficult temperament, poor parenting

Resilience : ability to recover from or avoid the serious effects of negative consequences

Cognitive- behavioural approaches - abnormal behaviours acquired though tightly interwoven mix of conditioning. modelling and cognitive principles

Humanistic and existential approaches - distorted views of self prevent personal growth or decision making

Mood disorders

Mood disorders : individuals experience unipolar mood disorder (where they experience depression) or bipolar disorder (where they move from one extreme mood to another)

Depression : low, sad state where life seems dark and hopeless and its challenges are too overwhelming

Mania : state of breathless euphoria where people what an exaggerated belief that the world is theirs for taking
- opposite from depression

major depressive disorder : depressed mood that is significantly disabling and is not caused by such factors as drugs or a general medical condition
- most people with mood disorder suffer from depression

Bi-polar disorder : mix of mania that intermix with depression

Diagnostic criteria for major depressive disorder
- depressed most of the day
- no interest in any activities
- weight loss/gain
- insomnia
- fatigue
- cant think or concentrate

Neuroscience explanation for depression

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monozygotic - identical :46% the other twin had depression too
dizygotic - fraternal : 20% the other twin had depression too

depression - low serotonin and norepinephrine

Cognitive-behavioural theorists believe that people with severe depression acquire distinctly negative behaviours and think in dysfunctional ways that help cause and sustain their disordered symptoms. The two most influential cognitive-behavioural explanations centre on the phenomenon of learned helplessness and the power of negative thinking

Learned helplessness : people become depressed when they think they have no control over the rewards/punishments in life AND that they are responsible for this helpless state

- seligmans
- **Attribution helplessness theory** : when people view events to be beyond their control, they ask themselves why this is so
- attribute lack of control to some internal cause (deficiency in themselves) that is both global (wide ranging) and stable (continue for long time) they may feel helpless to prevent future negative outcomes and expirnce depression

Dysfunctional attitudes, errors in thinking, cognitive triad, automatic thoughts = keys to clinical syndrome
- aaron beck
- develop dysfunctional attitudes
- dysfunctional attitudes and illogical thinking triggers extended rounds of negative thinking
- **Cognitive triad**: a pattern of thinking in which individuals repeatedly interpret their experiences, themselves, and their futures in negative ways that lead them to feel depressed

The individual interpret … in negative ways that lead them to feel depressed

- their experience
- themselves
- their futures

Automatic thoughts : train of unpleased thoughts that keep suggesting to them that they are inadequate and that their situation is hopeless

<u>Sociocultural theorists explain depression</u>
- triggered by outside sensors

Bipolar disorder
- abnormality in genes play a major role in development of bipolar
- diathesis stress model
- individuals prone to develop bipolar disorder overreact to arousal produced by goal related events and develop the mania related symptoms of bipolar

Anxiety disorders

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- the most common metal disorders in canada

Generalized anxiety disorder : experience persistent feelings of worry and anxiety
- Experience at least three of the following; restlessness, fatigue, difficulty concentrating, muscle tension
- women outnumber men 2 to 1

Cognitive theorists explain generalized anxiety disorder
- caused by dysfunctional assumptions
- Beck said people with GAD assumptions that imply they are in danger
- new wave cognitive explanations - notions of ellis and beck with their emphasis on perceived danger
- **Intolerance of uncertainty theory** : certain individuals consider it unacceptable that negative events occur, even if the possibility of occurrence is very small
    - worrying constantly that unacceptable events are the verge of happening, the individuals are particularly vulnerable to the development of generalized anxiety disorder

Neuroscience explain generalized anxiety disorder
- focus on neurotransmitter imbalance
- in normal fear reactions, key neurons throughout the brain fire more rapidly, triggering the firing of still more neurones and creating general state of excitability throughout the brain and body .. this state is experienced as fear or anxiety.
- after the neuron fires for a while, it triggers a **feedback system-** brain and body actives that reduce the levels of excitability
- people with generalized anxiety disorder may have problems in their anxiety feedback system, too few GABA receptors or their GABA receptors do not properly capture the neurotransmitter
- Benzodiazepines - class of drug that reduces anxiety
- the circuit that produces anxiety reactions includes the prefrontal cortex, anterior cingulate and amygdala
- brain circuits : networks of brain structures that work together, triggering each other into action with the help of neurotransmitters and producing particular kinds of emotional reactions

Social anxiety disorder : an anxiety disorder in which people feel severe, persistent, and irrational fears of social or performance situations in which embarrassment may occur
- Cognitive behavioural therapists explain societal anxiety disorder people with this disorder hold a cluster of social beliefs and expectations that work against them (unrealistic high school standards, unattractive, unskilled)

Phobia
five categories for specific phobia
- animals
- natural environment (heights, darkness)
- situation (bridges, closed spaces)
- blood and injections
- other (Chocking,vomit,clown)

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- according to behaviourists, classical condition is a way of acquiring fear reactions to objects or situations that are not really dangerous.
    - lightning strike (unconditioned stimulus) naturally elicits fear (unconditioned response) in an individual. The harmless object such as raindrops (conditioned stimulus) silly accompanied by frightening event will come to elicit a fear reaction (conditioned response)

Mowrers two factor theory of phobia learning
- fears associated with phobic objects are learned through classical conditioning while the avoidance behaviours assisted are reinforced through operant conditioning
    Example: person develops social phobia in result of panic attack in crowd (Classical conditioning) then stop going out to avoid crowds (operant conditioning)

Panic disorder : an anxiety disorder characterized by recurrent and unpredictable panic attacks that occur without apparent provocation
    - produce access amount of norepinephrine

agoraphobia : a phobia that makes people avoid public places or situations in which escape might be difficult or help unavailable should panic symptoms develop.

Obsessive compulsive disorder
compulsion : repetitive and rigid behaviours or mental acts that people feel compelled to perform to prevent or reduce anxiety
- can come in forms of impulses, images and doubts

- cognitive behavioural theory focuses on the relationship between obsessions and compulsion and suggest that people learn to perform compulsive acts specifically because such acts reduce the anxiety aroused by their obsessions

<u>neuroscientist explanation for OCD</u>
- abnormally low activity of serotonin and abnormal activity in key brain stuctures
    - orbitofrontal cortex and caudate nuclei : responsible for sensory information through thoughts and actions
- the cingulated cortex and hypothalamus activate the OCD impulses that are inhibited though the caudate nucleus, while the amygdala drives the fear and anxiety components of the OCD response

Post traumatic stress disorder
- stress plays a more central role in acute stress disorder and post traumatic stress disorder
acute stress disorder : an anxiety disorder in which fear and related symptoms are experienced soon after a traumatic event and last less than a month
- 80% of acute stress disorders develop into PTSD
- experience high levels of ongoing anxiety and depression. They may feel overly alert (hyper

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alertness), be easily startled, have trouble concentrating, and develop sleep problems
- women twice as likely to develop

causes of stress disorder
- biological and genetic factors : investigators have learned the dramatic events often trigger physical changes in brain and body that may lead to stress reactions/disorders
    - once stress disorder begins, biochemical arrousal continues which may damage hippocampus and amygdala
- personality : certain personalities to develop disorders, people who view life negative events as beyond their control more likely to get it
- Childhood experiences : certain childhood experiences seem to have people at risk for the disorder, poverty.
- Social support : people who's social and family support are weak are more likely to develop stress disorder after traumatic event.

Five major anxiety disorders : generalized anxiety disorder, OCD,PTSD, social anxiety disorder, panic disorder

Schizophrenia : psychotic disorder where people deteriorate into a world of distorted perceptions, disturbances in thought/emotions and experience motor abnormalities
- **Psychosis** : loss of contact with reality
- 1/100
- according to DSM-5 its diagnosed with a minimum of 2 symptoms that occur for 1-6 months can be grouped into 3 categories, positive symptoms, negative symptoms and cognitive symptoms. sometimes psychomotor symptoms are also included v

Positive symptoms : symptoms that seem to represent pathological excesses in behaviour, including delusions, disorganized thinking and speech, hallucinations, and inappropriate affect
- bizarre additions to aa persons behaviour that are not seen in those who dont have it

Delusions : false beliefs that are resistant to reason/ evidence but maintained inspire of irrationality.
- delusions of persecution are most common: plotted against/threatened
- delusion of identity; thinking your god
- delusion of grandeur; believe that they have some special talent or have secret knowledge (can fly, know government is trying to kill us)
- Disorganized thinking and speech
- **loose associations** : a common thought disorder of schizophrenia, characterized by rapid shifts from one topic to another
- inappropriate effect; smile when saying someone is dead

Negative symptoms : symptoms that seem to reflect pathological deficits, including poverty of speech, flat affect, loss of volition, and social withdrawal
- seen in others without disorder
- poverty of speech: reduction in speech or speech content
- flat effect: little emotion
- avolition : drained of energy and interest in normal goals

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Cognitive symptoms of schizophrenia
- affect cognitive functions; memory, attention, intelligence
- brain tissue changes
Catatonic posturing : Some people struggling with schizophrenia demonstrate catatonic posturing, where they strike and hold bizarre positions, sometimes for hours.

Psychomotor symptoms of schizophrenia
- psychomotor symptoms : move awkwardly or make gestures
    Catatonia : extreme psychomotor symptoms of schizophrenia, including catatonic stupor, catatonic rigidity, and catatonic posturing.
        Catatonic stupor; stop responding to their environment, motionless, silent
        Catatonic rigidit; maintained rigid upright posture for hours and resistance efforts to be moved
        Catatonic posturing : assuming awkard, bizarre positions (squat over time)
        waxy flexibility; maintain posture that was placed on them by someone else

Neuroscience explanation of schizophrenia
- diathesis stress relationship may account for the development of schizophrenia; perhaps people with a biological predisposition develop schizophrenia only if certain kinds psychological events, personal stress or societal expectations also present

Genetic factors
- people inherited a genetic predisposition to schizophrenia
- Biological relatives of people with schizophrenia have a higher risk than the general population of developing the disorder during their lifetime
- if both members of a twin have a particular trait they are set to be **concordant** for the trait
- biochemical abnormalities and abnormal brain structure are the two kinds of brain abnormalities that may be inherited

Biochemical abnormalities
- dopamine hypothesis to help explain schizophrenia
    - high dopamine activity may contribute to schizophrenia came with the accidental discovery in 1950 of antipsychotic drugs (drugs that help remove symptoms of schizophrenia)
    - dopamine hypothesis proposed a dysregulation or imbalance of dopamine with a hyperactive (overactive) subcortical transmission resulting in positive symptoms, and a hypoactive (underactive) cortical transmission to prefrontal cortex resulting in cognitive impairments and negative symptoms

Abnormal brain structures
- as seen on brain scans, those with schizophrenia have enlarged ventricles (brain cavities that contain cerebrospinal fluid), small temporal and frontal lobes and abnormal blood flow into brain areas.

three important categories of psychological disorders: mood disorders, anxiety disorders, and

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schizophrenia

somatic symptom and related disorders : excessive thought, feelings, and behaviours related to somatic symptoms.

- concern about physical health

Five specific diagnoses related to somatic symptom disorder;

- somatic symptom disorder
- illnesses anxiety disorder
- conversation disorders (functional neurological symptom disorder)
- psychological factors affecting other medial condition
- factitious disorder

DSM 5 three criteria for somatic symptom disorder

1) the individual has one or more somatic symptoms that cause distress or disruption in daily life
2) excessive health related anxiety and concern, time and energy devoted to somatic complaint
3) concern has lasted for at least 6 months

Illness anxiety disorder : preoccupied having a serious disease in spite of the lack of symptoms.

- the person must engage in excessive care seeking for 6 months and engage in excessive illness behaviours
- person must have final or no symptoms to meet this diagnoses

Conversion disorder: Functional neurological symptom disorder

Conversion disorder : person develops symptoms suggestive of neurological damage (paralysis, seizure, loss of feeling) However medical tests suggest that the systems are healthy

- symptoms appear suddenly at times of stress
- Malingering : people lie about symptoms to avoid unwanted responsibility
    - benefit in lines some way, get out of job or military service

Psychological factors affecting other medical conditioning

- psychological factors …
    - affect a documented medical condition in a adverse manner creating health risks (Chronic overeating)
    - worsen an exciting medical condition (anxiety causing athsma)

Factitious disorder : assume physical or psychological symptoms to adopt the patient role. patients lie about symptoms or they may actually take steps to make themselves ill, impaired or injured.

- can be diagnosed in parents who fabricate illness in children : fabricate disorder imposed on another

What causes somatic symptoms?

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- behaviourist believe that the fears found in the disorders are acquiring through classical conditioning or modelling
- cognitive theorists suggest that people with this disorders are sensitive to bodily cues and misinterpret them
- socio cultural theorists : in non western countries somatization is viewed as socially and medically correct

Dissociative disorders

dissociative disorder : a psychological disorder characterized by major loss of memory without a clear physical cause; types include *dissociative amnesia*, *dissociative fugue*, and *dissociative identity disorder*.

- part of persons cognition is no longer consciously accessible

DSM-5 three major dissociative disorders:
- dissociative amnesia
- depersonalization// dereliction disorder
- dissociative identity disorder

Dissociative amnesia : unable to recall important information, usually of un upsetting nature about their lives.

- forgotten material eventually return without help of treatment
- **Fugue**: memory loss is extensive

Depersonalization/derealization disorder
- stress alters perception
- memory is unaffected but the person becomes detached from the body or self
- feel as if you are observing yourself through a outside body

Dissociative identity disorder
- develops two or more distinct personalities called **subpersonalities**
- at any given time one of the sub personalities takes centre stage and dominates persons functioning
- women 3x more likely

Psychodynamic explanation of dissociative disorder
- believed to be caused by repression; the most basic ego defence mechanism
- people fight of anxiety by unconscious preventing painful memories, thoughts or impulses from reaching awareness.
- dissociative disorder and fugue are single episodes of massive repression
  - blocks out memory of upsetting event to avoid pain of facing it
  - repression only way to protect from anxiety
  - repression motivated by dramatic childhood events (abusive parents)

Neuroscience explanation for dissociative disorder
- uses MRI to see that hippocampus and amygdala are small with those with disorder
- decreased functioning in several emotional processing areas
- PET scans show significantly different activity in sensory cortex

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Personality disorders
personality disorder : an inflexible pattern of inner experience and outward behaviour that causes distress or difficulty with daily functioning.
- 9-15% Adults

Three categories of personality disorder
- odd/ eccentric
- dramatic/ erratic
- anxious. inhibited

Antisocial personality disorder : a personality disorder characterized by extreme and callous disregard for the feelings and rights of others.
- most closely linked to adult criminal behaviour
- most young kids who have it show running away, cruelty to animals
- lie repeatedly, cannot work consistently, fail to pay debt
- Reckless, little regard for anyones safety even their children
- Research suggests that some parents unintentionally teach antisocial behaviour by regularly rewarding a child's aggressive behaviour. For example, if a child defies a parent and the parent gives in to restore peace, the parent may be unintentionally teaching the child to be stubborn.

What causes antisocial personality disorder?
- behavioural theorists say that antisocial symptoms can be learned through modelling
  - unintentionally teach antisocial behaviour by regularly awarding childs aggressive behaviour
- biological factors, low serotonin activity that is linked to impulses and aggression

Borderline personality disorder : a personality disorder characterized by severe instability in emotions and self-concept and high levels of volatility
- relationships very unstable
- move in and out of depressive and anxious state
- direct angel inward and inflict bodily harm
- dichotomous (blackand white) terms

What causes borderline personality disorder?
- biosocial theory" disorder actually begins during childhood, results from a combination of internal forces (difficulty controlled emotions and arousal level) and extra forces (Environment of a child's emotions are being punished)
  - if children have difficulties identifying emotions ant their parents teach them to ignore they're feelings the children may never learn how to properly recognize and regulate their emotional arousal

Bill C-14 : the Not Criminally Responsible Reform Act, was passed in Canada. This legislation changed the Criminal Code of Canada regarding individuals found not criminally responsible due to a mental disorder.

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